

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF TENNESSEE
AT _____

Thomas Joseph Coddle)

_____)

)

(Enter above the NAME of the
plaintiff in this action.))

v.)

Sullivanco Sheriff)

Nurses)

Blountville Tenn)

(Enter above the NAME of each
defendant in this action.))

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS
(42 U.S.C. Section 1983)

I. PREVIOUS LAWSUITS

A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment? YES () NO ()

B. If your answer to A is YES, describe the lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)

1. Parties to the previous lawsuit:

Plaintiffs: _____

Defendants: _____

2. COURT: (If federal court, name the district; if state court, name the county):

3. DOCKET NUMBER: _____

4. Name of Judge to whom case was assigned: _____

5. Disposition: (For example: Was the case dismissed? Was it appealed? Is it still pending?) _____

6. Approximate date of filing lawsuit: _____

7. Approximate date of disposition: _____

II. PLACE OF PRESENT CONFINEMENT: _____

A. Is there a prisoner grievance procedure in this institution? YES () NO ()

B. Did you present the facts relating to your complaint in the prisoner grievance procedure? YES () NO ()

C. If your answer is YES,

1. What steps did you take? _____

2. What was the result? _____

D. If your answer to B is NO, explain why not. _____

E. If there is no prison grievance procedure in the institution, did you complain to the prison authorities? YES () NO ()

F. If your answer is YES,

1. What steps did you take? _____

2. What was the result? _____

III. PARTIES

(In item A below, please your name in the first blank and place your present address in the second blank. Do the same for any additional plaintiffs.)

A. Name of plaintiff: Thomas Joseph Cordle
Present address: P.O. Box 610 Blountville Tenn 37617
Permanent home address: _____
Address of nearest relative: 330 Apt d Roller st kpt tenn 37660

(In item B below, place the FULL NAME of the defendant in the first blank, his official position in the second blank, and his place of employment in the third blank. Use item C for the additional names, positions, and places of employment of any additional defendants.)

B. Defendant: Sullivan Co Sheriff Office
Official position: Sheriff for Sullivan Co. Blountville Tenn
Place of employment: Sullivan Co Jail Blountville Tenn 37617
C. Additional defendants: The Nurses doctor at
The Sullivan Co Jail, Blountville tenn 37617

IV. STATEMENT OF CLAIM

(State here as briefly as possible the FACTS of your case. Describe how EACH defendant is involved. Include also the names of other persons involved, dates and places. DO NOT give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Use as much space as you need. Attach extra sheets, if necessary.)

My Name is Thomas Joseph Cordle

I have filed out sick calls
Back in early 2024, I need
Knee Surgery real bad, they
only gave Ibuprofen, and charged
me for it, I gave them my doctors
name, and all the information they
needed, about my Surgery,
I also told the Nurse about
my hernia, I need operation,
Still to this day, I have
not got any help,

also they got me sleeping
on The Floor. That is
against my civil Rights.

Theresa Joseph Clark

V. RELIEF

(State BRIEFLY exactly what you want this Court to do for you. Make NO legal arguments.

Cite NO cases or statutes.)

I want my surgery's, and
I want off the floor, and
I want Paid for my Pain
and suffering, and for
Violation of my Rights

I (We) hereby certify under penalty of perjury that the above complaint is true to the best of my (our) information, knowledge and belief.

Signed this 12 day of Sept, 2024

Thomas J. Kozak
Signature of plaintiff(s)